

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
APPLICANT(S)

10/7648/9

FILING DATE

AS FILED		NOTED WITH AMENDMENT		NOTED B/D AMENDMENT		CLAIMS						
B/D	DEP	B/D	DEP	B/D	DEP		B/D	DEP	B/D	DEP	B/D	DEP
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